MONTANA STATE BOARD OF NURSING * PROFESSIONAL EDUCATION AND RELEVANT INFORMATION FORM

Name of Program:	Date	·
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FACULTY MEMBER'S NAME	HIGHEST LEVEL OF EDUCATION	LEVEL OF STUDENTS	SPECIFIC COURSE RESPONSIBILITIES	COMMENTS
NAME			RESPONSIBILITIES	COMMENTS
	(for each person)	Check All that		
		Apply		
	☐ BACC ☐ MASTERS	□ RN □ LPN	Course Title & #	
	□ DOCTORATE			
	□ ON EDUCATION WAIVER	$\Box 1^{ST} YR \Box 2^{ND} YR$	☐ Clinical	
	UNTIL(DATE)	□ 3 RD YR □ 4 TH YR	☐ Didactic	
	☐ BACC ☐ MASTERS	□ RN □ LPN	Course Title & #	
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	☐ ON EDUCATION WAIVER	□ 1 ST YR □ 2 ND YR	□ Clinical	
	UNTIL(DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
	☐ BACC ☐ MASTERS ☐ DOCTORATE	□ RN □ LPN	Course Title & #	
	<u> </u>	□ 1 ST YR □ 2 ND YR	□ Clinical	
	☐ ON EDUCATION WAIVER	\square 3 RD YR \square 4 TH YR		
	UNTIL (DATE)		□ Didactic	
	☐ BACC ☐ MASTERS ☐ DOCTORATE	□ RN □ LPN	Course Title & #	
	☐ ON EDUCATION WAIVER	□ 1 ST YR □ 2 ND YR	□ Clinical	
	UNTIL (DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
	□ BACC □ MASTERS	□ RN □ LPN	Course Title & #	
	□ DOCTORATE			
	☐ ON EDUCATION WAIVER	□ 1 ST YR □ 2 ND YR	□ Clinical	
	UNTIL (DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
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	UNTIL (DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
	☐ BACC ☐ MASTERS	□ RN □ LPN	Course Title & #	1
	□ DOCTORATE			
	☐ ON EDUCATION WAIVER	$\Box 1^{ST} YR \Box 2^{ND} YR$	☐ Clinical	
	UNTIL (DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
	☐ BACC ☐ MASTERS	□ RN □ LPN	Course Title & #	
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	□ ON EDUCATION WAIVER	$\square 1^{ST} YR \square 2^{ND} YR$	☐ Clinical	
	UNTIL(DATE)	□ 3 RD YR □ 4 TH YR	□ Didactic	
	☐ BACC ☐ MASTERS	□ RN □ LPN	Course Title & #	
	□ DOCTORATE			
	☐ ON EDUCATION WAIVER		☐ Clinical	
	UNTIL (DATE)	□ 3 RD YR □ 4 TH YR	☐ Didactic	